

**Community Service Network 7 Meeting  
DHHS Offices, Biddeford  
February 14, 2008**

**Approved Minutes**

**Members Present:**

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| <ul style="list-style-type: none"> <li>• Don Burns, AIN</li> <li>• Jennifer Goodwin, CSI</li> <li>• Lois Jones, CSI</li> </ul> | <ul style="list-style-type: none"> <li>• W C Martin, Common Connection/CCSM</li> <li>• Mark Jackson, Harmony Center/CCSM</li> <li>• Chris Souther, Shalom House</li> </ul> | <ul style="list-style-type: none"> <li>• Mary Jane Krebs, Spring Harbor &amp; SMMC</li> <li>• Wayne Barter, VOA</li> </ul> |
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**Members Absent:**

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| <ul style="list-style-type: none"> <li>• Center for Life Enrichment (vacant)</li> <li>• Creative Work Systems</li> <li>• Goodall Hospital</li> </ul> | <ul style="list-style-type: none"> <li>• Jeanne Mirisola, NAMI-ME Families (excused)</li> <li>• Job Placement Services, Inc.</li> <li>• Saco River Health</li> </ul> | <ul style="list-style-type: none"> <li>• York County Shelters (excused)</li> <li>• York Hospital</li> </ul> |
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**Others/Alternates Present:** Ron St. James, DHHS; Richard Balser, Christine McKenzie, Jennifer Kimble, MMC Vocational Services.

**Staff Present:** DHHS/OAMHS: Carlton Lewis, William Nelson, Don Chamberlain (via phone). Muskie School: Elaine Ecker, Cheryl LeBlond.

Agenda Item	Discussion
I. Welcome and Introductions	Carlton opened the meeting and participants introduced themselves.
II. Review and Approval of Minutes	The January minutes were approved as written.
III. Transportation/Rep Payee Subcommittee Report	<p><b>Rep Payee</b> Wayne reported that he contacted 11 VOA affiliates in other states to find out how they are handling rep payee services. He found nothing that could help improve the system here. He said banks are willing to provide a bill-paying service, but the consumer would remain in control of the funds and could stop payments at will.</p> <p><b>Transportation</b> Since VOA handles its own transportation, Wayne said he may not be the most appropriate or knowledgeable person to work on this issue. The discussion centered particularly around the services offered through York County Action Program (YCAP), WAVE, and volunteer services. YCAP Transportation Director, Connie Garber, is very knowledgeable and has compiled a packet of information that is available for distribution. Lois of CSI said that in the recent past a subcommittee of providers produced a transportation gap report, and Connie probably has that also.</p> <p>Members suggested inviting Connie to a future CSN meeting.</p> <p>Lois also said that there are many services available, but they do require pre-planning. Availability also depends on where the person and service is located in the county. CSI still has many gaps with the people they serve.</p>
IV. Budget/Legislative Update	<p><b>FY2009 Supplemental Budget</b> Don Chamberlain joined by phone to address this agenda item. He reviewed proposals, now in the "legislative hopper:"</p> <ol style="list-style-type: none"> <li>1. Annualization of FY08 Curtailments, i.e. 25% times 4 or 100% cuts in those certain general fund services: CI, ICI, ACT, outpatient, and other services MaineCare covers.</li> <li>2. Streamline proposal: One CI provider per CSN. This proposal would require a Federal waiver and an RFP process before it could be implemented.</li> </ol>

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	<p>3. BRAP funding moved to the MSHA HOME Fund. Would be supported by resources from the real estate transfer tax. The first dollars coming in to that program goes to BRAP.</p> <p>4. \$150,000 savings by establishing a uniform expectation about how much consumers keep in PNMI settings.</p> <p><b>Additional Revenue Shortfall</b>  Don reported that another \$95-99M revenue shortage has been projected—beyond the \$95M addressed in the FY09 Supplemental Budget—due to 1) changes generated by CMS (Centers for Medicare &amp; Medicaid Services) in Targeted Case Management and the Rehab Option, 2) additional state revenue shortfalls.</p> <p>Don said that the changes to Section 13 Targeted Case Management do not also apply to Section 17 at this time. Any changes to Section 17 case management services are currently on hold, though that could change.</p> <p>He said that OAMHS is researching the impact of the Rehab Option on Section 17 PNMI/Residential services (effective July). He explained, as one example, that personal care services would no longer be covered; though if the service is <u>teaching</u> personal care, it might be in line with a rehab goal. There would, however, have to be identified goals and progress reported on those goals.</p> <p><b>Bed Hold Days</b>  Don explained that the Supplemental Budget eliminates PNMI “bed hold days” or reimbursement for days that beds are empty pending arrival or return of a consumer. Most PNMI are already reimbursed at an 85% occupancy rate, which automatically builds in approximately 50 days per year. This change effectively establishes a limit on such days, where previously there was no limit.</p> <p>Comments:</p> <ul style="list-style-type: none"> <li>• What is the LD # and who sponsored it? A: Will get information that to you.</li> <li>• “Consistency is very important for recovery. If I’m hospitalized for migraines I’d like to go back to where I was.” A: It would be useful to weigh in on that LD [with legislature].</li> </ul> <p><b>ACTION:</b> Provide LD # to members re: elimination of PNMI bed hold days.</p> <p><b>Other</b>  Don also clarified that Ron Welch’s recent testimony before a legislative committee was <u>not</u> meant to imply that the definition of [AMHI Consent Decree] “Class Member” was being expanded. He expects OAMHS will “get a note out to clarify” any misunderstanding.</p> <p>Lois asked that OAMHS also make clear publicly that ICMs will not be picking up or providing services for those discharged from agency services. Don answered, “Good point.”</p> <p><b>ACTION:</b> OAMHS distribute necessary clarifications as noted above to CSN members.</p>
V. Employment Service Networks	<p>Jim Braddick opened this item with an overview of OAMHS employment activities, including:</p> <ul style="list-style-type: none"> <li>• Long-term vocational support program, funded for over 10 years—provides job coaching when needed to maintain employment (Section 17 service).</li> </ul>

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	<ul style="list-style-type: none"> <li>• Six Community Work Incentive Coordinators (formerly known as Benefit Specialists) are available statewide through MMC Vocational Services. Their job is to help SSI/SSDI benefit recipients understand the impact of earned income on cash or other benefits in their specific situation.</li> <li>• Four-hour employment orientation training was provided to community support workers (MHRTs) last March, which emphasized the importance of employment in recovery and of including employment on consumers' Individual Support Plans (ISPs).</li> <li>• As of Jan. 1, 2009, MHRT/C certification will require completion of an employment course.</li> <li>• OAMHS contracted with MMC to provide Technical Assistance to 10 ACT Teams to help better utilize the Employment Specialists' time for employment-related activities and to achieve the goal of 15% of caseload obtaining employment.</li> <li>• Seven Employment Specialists (ES) will be hired, trained, and jointly supervised by MMC Vocational Services. MMC was the only entity to submit a Letter of Intent in response to the Request for Proposal, so they were awarded the contract for this initiative. MMC will place one ES in an agency providing CI services in each of the seven CSNs. The ES will provide job development and placement services, parallel to those offered through Bureau of Vocational Rehabilitation (VR).</li> <li>• OAMHS developed a formal Memorandum of Understanding (MOU) with VR, allowing coordination with and access to VR services while working with an ES through MMC Vocational Services.</li> </ul> <p>Dick Balser, Christine McKenzie, and Jennifer Kimble from the Department of Vocational Services at Maine Medical Center made a presentation regarding the Employment Services Network project. The project is focused on increasing employment and/or education opportunities for individuals with mental illness. There will be an Employment Service Network (ESN) in each CSN region. The ESN will be made up of: a CSN Employment Specialist (ES), the ACT ES in that region, a Bureau of Rehabilitation Counselor, a Community Work Incentive Coordinator, Consumer from the Statewide Consumer Council, a Disability Program Navigator, Apprentice representative, and the Long Term Employment Support Coordinator for the region. Employers will be added to the ESN once it is established. Performance indicators for the project were shared. The Employment Specialist in the CSN will be a member of the CSN and will report the outcomes for the project monthly in the CSN meetings. Information from the Department of Labor about the job growth, employment opportunities, and trends will be used by the ESN for each region.</p> <p>Christine distributed copies of the letter and application form MMC sent out for agencies to use if they wish to be considered as the host agency for the Employment Specialist.</p> <p>Questions/Comments:</p> <ul style="list-style-type: none"> <li>• "I haven't been this excited since I married my wife!"</li> <li>• Will costs/benefits be tracked for people who are working compared to those who are not? A: Perhaps cost of care could be tracked from MaineCare data.</li> <li>• Are job sharing or flex time jobs being considered? Yes, sure.</li> <li>• Will there be corollaries in the private sector? I'm concerned about jobs some consumers fill working with other consumers—what happens when the funding goes away? A: We're not talking about "make work"—these are labor market jobs that anyone can apply for.</li> <li>• What are CWICs? Community Work Incentive Coordinators (CWICs) were previously called Benefit Specialists. CWICs help people with disabilities determine how their existing benefits will be affected by employment. They</li> </ul>

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	<p>have the most accurate and up-to-date information. The service is provided at no charge and is most often accessed through Career Centers. Jennifer Kimble distributed a pamphlet explaining this service.</p> <ul style="list-style-type: none"> <li>• These [CSN] meetings have been all about providers for a long time—what I’m hearing about now is a direct boon to consumers.</li> </ul>
VI. Other	<p><b>CSI</b> Lois of CSI asked to report on the effect of the FY08 curtailments (25% of grant funding for certain services) on CSI's services and clients. For those previously provided with community support services through grant funding, CSI is:</p> <ul style="list-style-type: none"> <li>• Working to see if some now might qualify for MaineCare</li> <li>• If not MaineCare eligible, seeing what other service CSI can offer</li> <li>• If not, working out discharge plans. For all levels, 60-day discharge plan: CI, effective March 1; ICI and ACT, effective April 1.</li> </ul> <p>Additional Comments:</p> <ul style="list-style-type: none"> <li>• Number is approximately 130 people at all levels—some will get different services, some will be discharged.</li> <li>• Expecting that some will show up in crisis services.</li> <li>• Local law enforcement is very worried.</li> <li>• Will probably affect shelters, ERs, hospital admissions, jails...</li> <li>• Does CSI have any other strategies to fill in cuts in general fund dollars? County, municipal, outside grants, etc.? A: No, we’ve been trying all along to access additional funding.</li> <li>• Is 60-day discharge a rule? A: No, not a rule, but what’s clinically appropriate. CSI will be going into debt with 60-day discharge plan.</li> <li>• It’s not conceptual anymore—we’re seeing people’s faces.</li> </ul> <p>Members also discussed how the situation forces more collaboration and exploration of all possible options and brings people together. It may in the long run bring out more integration, streamlining, actual improved services and cost savings.</p> <p><b>SMMC/Spring Harbor</b> Mary Jane Krebs of Spring Harbor Hospital (SHH) informed the group of the recent arrangement with SMMC for SHH to assume management of SMMC’s psychiatric services. She explained that over the next several months, SHH will:</p> <ul style="list-style-type: none"> <li>• Assess what the community needs</li> <li>• Determine best utilization of beds and number of beds needed (12 beds currently)</li> <li>• Determine who can be effectively treated on that unit</li> <li>• Add appropriate staffing</li> </ul> <p>She also reported that SMMC has opened a new Emergency Department, and it has a separate acute psychiatric area, allowing for a much improved treatment experience for people in psychiatric crisis. Also, CSI crisis services will have a constant presence there.</p>
VII. Public Comment	There were no comments from members of the public.
VIII. Agenda for Next Meeting	<p>Budget/Legislative Update Transportation/Rep Payee Subcommittee Report</p>